

**UNITED ASSOCIATION LOCAL 50
PLUMBERS & STEAMFITTERS**
POLITICAL ACTION FUND
7570 CAPLE BLVD. • NORTHWOOD, OH 43619-1084

February 20, 2006

Public Records Office
Federal Election Commission
999 E. Street, N.W.
Washington D.C. 20463

Re: Amended Report covering
7/01/2005 thru 12/31/2005

Gentlemen:

I've enclosed an amended FEC Form 3X report with amended reports for Detailed Summary Page 4, a new Schedule B, Itemized Disbursements for line 23 **Federal Candidate**, page 1 of 2 and corrected previously report for line 23, page 1 of 1 to line 23 page 2 of 2, an amended report for Schedule B, Itemized Disbursements for **Non-Federal Candidates** page 3 of 8 showing the removal of the Federal Candidate and page 8 of 8 correcting the Total Amount to reflect the removal of the Federal Candidate disbursement that was included in error.

This error was just discovered on February 15, 2006 when we were writing contributions for candidates beginning with the year 2006.

These changes do not affect the Cash on Hand at Close of Reporting Period for December 31, 2005.

If there is any additional information needed, please contact me at 419-662-5456.

Sincerely,



Eric Osborn
Treasurer

EO/jh
Enclosures

cc: Elections Division
Office of the Secy of State
180 E. Broad St., 15th Floor
Columbus OH 43215

RECEIVED
FEC MAIL
OPERATIONS CENTER
2006 FEB 27 A 9:37

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 FEB 28 Office Use Only 37

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)

☐ Check if different
than previously
reported. (ACC)

C00322784

ERIC OSBORN

UNITED ASSOC LOCAL 50 PLUMBERS

& STEAMFITTERS POLITICAL ACTION FUND

7570 CAPLE BLVD SUITE A

NORTHWOOD OH 43619-1084

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 3 2 2 7 8 4

3. IS THIS
REPORT

☐

NEW
(N)

OR

☒

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)

☐ July 15
Quarterly Report (Q2)

☐ October 15
Quarterly Report (Q3)

☒ January 31
Year-End Report (YE)

☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)

☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)
(Non-Election
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)
(Non-Election
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

in the
State of

(d) 30-Day
POST-Election
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

in the
State of

5. Covering Period

0 7 / 0 1 / 2 0 0 5

through

1 2 / 3 1 / 2 0 0 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Osborn

Signature of Treasurer

Date

0 2 / 2 0 / 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	6 6 9 0 6 8	1 0 5 9 5 6 8
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6 6 9 0 6 8	1 0 5 9 5 6 8
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Federal Candidates

United Assoc., Local 50 Plbrs & Stmftrs, Political Action Fund

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. ROBIN WEIRAUCH FOR CONGRESS

MM / DD / YYYY
10 / 06 / 2005

Mailing Address
PO BOX 301

City State Zip Code
NAPOLEON OH 43545

Purpose of Disbursement
Poli Contr Ohio 5th Congressional District

Candidate Name
Robin Weirauch

Category/
Type

Amount of Each Disbursement this Period

1000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Non-Federal Candidates

United Assoc., Local 50 Plbrs & Stmfrs, Political Action Fund

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 07 / 2005

A.

COMM TO ELECT BOWMAN-ENGLISH

Mailing Address

5028 MACKLYN DR JEFFREY D. LINGO, TREAS

City

State

Zip Code

TOLEDO OH 43615

Purpose of Disbursement

Poli Contri Toledo Municipal Clerk of Court

Candidate Name

Vallie Bowman-English

Category/
Type

Amount of Each Disbursement this Period

-10000

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

CHECK LOST

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

-10000

TOTAL This Period (last page this line number only)

000

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Non-Federal Candidates

United Assoc., Local 50 Plbrs & Stmfrs, Political Action Fund

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2005

A.

AFRICAN AMERICAN MEN'S DEMO CAUCUS

Mailing Address

PO BOX 4624

City

State

Zip Code

TOLEDO OH 43610

Purpose of Disbursement

Political Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2005

B.

NUGENT FOR JUDGE COMMITTEE

Mailing Address

416 N ERIE ST STE 100

City

State

Zip Code

TOLEDO OH 43624

Purpose of Disbursement

Poli Contr Toled Muni Court Judge

Candidate Name

Samuel J. Nugent

Category/
Type

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Non-Federal Candidates

United Assoc., Local 50 Plbrs & Stmfrs, Political Action Fund

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. THE OHIO SENATE DEMOCRATS

MM / DD / YYYY
11 / 14 / 2005

Mailing Address
271 EAST STATE ST BEVERLY J. STATEN, TREAS

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement
Political Contribution

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

1,000.00

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

B. Full Name (Last, First, Middle Initial)

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

C. Full Name (Last, First, Middle Initial)

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1,000.00

TOTAL This Period (last page this line number only) ▶

6,690.68

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>2/27/06</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

fel
PREPARER

2/27/06
DATE PREPARED